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ABSTRACT

How schools can effectively work with exceptional students who have communicable diseases was the focus of an eight-member Task Force appointed by the Council for Exceptional Children (CEC) Governmental Relations Committee. Its report begins with an overview of existing guidelines and defines specific communicable diseases (Hepatitis B, Cytomegalovirus, Herpes simplex, and Acquired Immune Deficiency Syndrome--AIDS). A preamble and basic assumptions are followed by 10 recommendations, among which are the use of multiple mechanisms for collaborative efforts of health/education to disseminate knowledge, and the development of model curricula and/or instructional units to inform students about communicable diseases, modes of transmission, and needed precautions. Appendix A, which comprises a significant portion of the document, consists of an analysis (in chart format) of components associated with communicable diseases. Topics include medical/education agency collaboration, admission and attendance, classification and placement for instructional purposes, student rights, professional rights and protections, continuous management of services and students, interagency communication, and staff/student training. Additional appendices include references and the text of a proposed CEC policy amendment on managing children who have communicable and contagious diseases. (JW)

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Report of the Council for Exceptional Children's Task Force on Policy Issues Relating to the Management of Students with Communicable Diseases

A Report to the CEC Governmental Relations Committee

March, 1986

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Report of the Task Force on Policy Issues Relating to the Management of Students with Communicable Diseases

During the summer of 1985, the Council for Exceptional Children (CEC) Governmental Relations Committee appointed a Task Force to study the issues relating to the management of students with communicable diseases, to generate a report related to the development of guidelines for the management of students with communicable diseases, and to recommend legislative action if necessary.

The Task Force held several meetings. The first meeting, October 3, 1985 was held in Towson, Maryland. The primary task for this meeting was:

- Review the charge to the committee
- Review the issues identified by the Governmental Relations Committee and identify additional concerns, if any
- Identify and review current literature pertaining to the topic, examine existing guidelines which have been developed by various health agencies
- Develop a philosophy that will form the basis for the committees work
- Formulate procedure for addressing the issues.

The second meeting was held on December 5, at the Martin Luther King Library in Washington, D.C.. The primary tasks for this meeting were a review and discussion of two draft documents:

- Draft of the Narrative Committee report: format and content
- Draft of the Framework of Topics/Issues.

Additional issues and topics were identified and added to the preliminary draft. Members of the Task Force were directed to work independently on the development of the agreed upon topics.

The third meeting was held on January 24, 1986 in Towson, Maryland. The members of the committee engaged in the following activities:

- Reviewed the members proposed revisions of the two draft documents
- Reviewed copies of state education and/or health agency policies pertaining to the management of students with communicable diseases
- Identified components of a preamble
- Developed a list of recommendations to be included in the report
- Developed topical framework for the report which will be sent to the governmental relations committee.

A fourth meeting was held on February 28 to develop a policy statement and to review the completed draft which was then forwarded to the governmental relations committee for consideration at the CEC Convention in New Orleans.

Brief Summary of the Problem

Since 1980, there has been increasing concern by the community, parents, teachers and administrators regarding how schools can effectively deal with exceptional students with communicable diseases or conditions in a manner that protects the rights, health and safety of all parties concerned.

The issue of appropriate management of students with communicable diseases has always been present. Most state and local health agencies assumed responsibility for the determination of the presence of communicable diseases, conditions under which the disease is communicable, the policy for protective management of identified individuals and process for reporting suspected and confirmed cases. Education systems, public and private have generated guidelines for reporting suspected and confirmed cases and for implementing the recommendations supplied by the public health department officals.

The guidelines provided by health department or agencies have addressed procedures for managing such communicable diseases (e.g. ringworm, pediculosis and impetigo) and contagious diseases (e.g. measles, rubella, meningitis, hepatitis, small pox, tuberculosis, tularemia, whopping cough, and rocky mountain spotted fever).

In recent years, the reduction in prevalence in certain communicable diseases (tuberculosis) and concerns related to adverse reactions from innoculations (small pox) has mandated a review and revision of the health department guidelines. Many health agencies have undertaken steps to review, revise, and reissue them. However, education agency personnel may not be aware that these changes may necessitate revisions of education policy which has been developed to support health agency recommendations. There is a need to review and inform educational personnel at all levels of any significant revisions in requirements or procedures.

In regard to contagious diseases, most health department guidelines were designed to address acute, temporary conditions rather than chronic conditions which can be re-occuring. Little emphasis is given to the establishment of procedures for continuous monitoring and precautions that should be implemented by education personnel.

For the most part existing guidelines were designed to encompass all students enrolled in private and public schools. They were designed for a target population enrolled in general education facilities (K-12). These guidelines have been appropriate and have served their purpose of protecting students and staff alike. For handicapped students assigned to special facilities and who presented special health problems, the existing quidelines were expanded by implementing procedures. In some instances, handicapped students who presented unique management problems related to contagious diseases were excluded from public school programs and or assigned to alternative community facilities.

With the passage of the Education for All Handicapped Childrens Act, public school populations were expanded to include handicapped students not previously enrolled for instructional purposes. While the Health Department guidelines continued to be generally applicable, additional concerns were identified which related directly to influencing factors such as age, degree of independent function and concommitant need for continuing direct care, and ability to manage personal hygiene. Therefore, it was not long before education personnel (administrations, instruction and support staff) began to raise questions pertaining to managing students with communicable diseases where the required continuing close contact placed staff and other students in possible jeopardy.

Since educational programs for very young children, severely/profoundly handicapped students, and developmentally delayed students requires intimate direct contact on the part of teachers, related services personnel and instructional aides, the concerns regarding contagion and transmission of such communicable diseases as hepatitus B, herpes, congenital cytomegalovirus, and AIDS are being expressed by those providing instruction and care.

Hepatitis B, a liver disease found throughout the world, is caused by the hepatitis B virus (HBV). The risk of acquiring the infection is increased among illicit drug users, homosexual males, household and sexual contacts of HBV varriers, residents and staff of institutions for the mentally-retarded, hemodialysis patients, and health care personnel who handle blood. It is rare among children. In the United States only about one percent of the affected are below the age of 10.

The hepatitis B virus appears in the blood during the incubation period and usually persists only during the early asymptomatic stage of the acute disease. In some, a carrier state may develop with the virus present in the blood for many months or years. Some carriers may eventually clear the HBV virus. A subclinical (inapparent) infection with HBV may also lead to a carrier state. HBV infection confers immunity probably for life.

Cytomegalovirus (CMV) is a common virus that is harmless to most people. In fact most adults and children who develop the infection present no symptoms and are usually unaware that they have contracted the disease. However, the infection can harm some groups of individuals. CMV poses the greatest risk to developing fetuses in some cases causing mental retardation and physical disability. CMV infection may also pose a danger to individuals who receive medications that supress their natural immunity to infection.

For most people, there is no cause to worry about CMV infection. It is very common for a person to come in contact with it, develop an infection and have no symptom or problem from it. The virus is common among adults and children. However, CMV is the cause of a wide range of disabilities in some children whose mothers caught the virus for the first time during pregnancy. These disabilities include hearing loss, mental retardation, and delays in development.

CMV may be found in body secretions including urine, saliva, feces, blood and blood products, semen and cervical secretions. Close person to person contact is the way CMV is usually spread.

Herpes simplex virus (HSV) has a world-wide distribution and is among the most common infectious agents affecting man. Fifty to ninety percent of the adults in the USA, depending on socioeconomic status possess antibodies to HSV in their blood, which indicate previous infection. Humans appear to be the only natural reservoir. There are no animal vectors for spread. The illness caused by the HSV has been known for centuries, but only in recent years, as techniques for isolation and characterization of the virus have been improving and blood tests become available, has our understanding of the HSV infection been expanding.

Transmission of HSV occurs through direct presumably repeated contacts with infected secretions, both from overtly infected persons with primary or recurrent infection, or from asymptomatic excretors.

A large number of HSV particles need to be present in the secretions in order to infect a susceptible person. The intact skin is a barrier for the HSV; mechanical rubbing or openings of the skin (cuts, abrasions, burns, eczema, etc.) may be necessary to facilitate penetration into the body. HSV can penetrate the intact mucous membranes of the mouth, eyes or genitalia.

After exposure, only 5 to 10 percent of the infected develop herpes lesions. The incubation period is from 2 to 20 days. The clinical manifestations are often more severe in immunocompromised individuals, as well as in newborn babies. In the blood, antibodies to the HSV develop and rise in two to three weeks. The HSV is shed from the sores most actively in the first days after eruption and then the HSV enters and lodges in nerve ganglion cells often far from the original site of infection. There it remains latent (dormant) and only very rarely may cause recurrence of the sores, usually in the same area. HSV is not routinely shed in the urine or the feces.

Perhaps the precipitating event which has brought the issue of managing students (handicapped/non handicapped) with communicable diseases has been the discovery of the new communicable disease: AIDS. Since this is a new contagious disease about which little is known and since there is no known cure, the level of concern on the part of the community at large, health officers, educators and parents is very great.

Aids (acquired immunodeficiency syndrome) is a breakdown of the body's natural immune system. It is caused by a virus (HTLV-III or LAV or ARV) which may be transmitted by certain body fluids especially blood and semen.

There are three categories associated with HTLV-III/LAV:

- Children with AIDS defined for reporting purposes
- Children who are diagnosed by their physicians as having an illness due to infection with HTLV-III/LAV but who do not meet the case definition
- Children who are asymptomatic but who have verologic or serologic evidence of infection with HTLV-III/LAV.

As of August 20, 1985, 183 of 12,599 reported cases of AIDS in the United States were among childrn under 18 years of age. This number is expected to double in the next year. Children with AIDS have been reported in twenty three states.

Providing educational services to students with contagious diseases poses many issues which must be addressed by state and local health and education agencies. These include:

- Medical/Education Agency Collaboration
- Admission/attendance of students with contagious diseases
- Protection of infected and non infected students and professional staff
- Students rights
- Professional rights and training
- Continuous management of services and students
- Communications within and among agencies
- Confidentiality
- Dissemination of accurate, current, and appropriate information
- Development and dissemination of coordinated policy statements which reflect state and local health and education legal requirements
- Liability

Deliberations

The deliberations of the members of the committee were influenced by a number of factors which affected and complicated the task of formulating or making recommendations regarding Guidelines for the Management of Students with Communicable Diseases. These factors are:

1. Complexities associated with communicable, contagious diseases
2. The emergence and continuing modification of basic medical information resulting from research, case data and experience
3. Differences in level and extent of members knowledge resulting from work environments and experience
4. Emergence of position statements by state and local health and education agencies which are continually susceptible to change
5. Extensive media coverage of the topic with the usual problems associated with:
   - publication of accurate and inaccurate information
   - emotionality

Therefore the members of the committee sought information from multiple sources. The Task Force diligently read all bulletins and attempted to define and understand the scope of the topic and issues associated with it. Further, it tried to put them in perspective in order to make recommendations to the Governmental Relations Committee. As a result of its work, the Task Force

- Developed a preamble
- Agreed upon several basic assumptions which served as a foundation for its' work
- Produced a chart which categorized topics, issues/concerns, guiding principles, guidelines related to health, guidelines related to education, action step and/or policy/procedure needs
- Developed recommendations
- Prepared a Bibliography of resource information
- Collected sample documents related to the topic.
- Developed a policy statement for consideration by governance.

Preamble

The members of the Task Force on Issues related to Management of Students with Communicable Diseases believe that:

1. Guidelines must reflect state and local educational, health, and legal mandates. Therefore, specific guidelines in the management of persons with communicable diseases must be generated by each state and local health and education agency.
2. Guidance offered by the Task Force should reflect a spectrum of topics to be covered and an array of options that can be selected and implemented.
3. Guidelines must be produced through the collaborative efforts of health and education agencies at both the state and local levels.
4. Guidelines must be reviewed and revised frequently to reflect the ever increasing and changing information being provided through research, case data reports and experience.
5. Guidelines must be based on reliable identified sources of information and include guiding principles endorsed by the medical and educational professions.
6. Guidelines must address several publics
   - Students (across all age levels and environments)
   - Professional staff (administrators, teachers, aides, volunteers
   - Community.
7. Guidelines must be developed and disseminated prior to and apart from the pressures associated with precipitating events (case identification)
8. Guidelines should provide for students receiving education with a full range of options and not reflect automatic classification as handicapped and in need of special education.

In an attempt to cover the scope of the topic of Communicable/Contagious diseases the committee agreed on basic assumptions that would guide our thinking. These assumptions provide the framework for deliberations. A chart organization "Analysis of Components Associat ed with Communicable/Contagious Diseases" "See appendix: A" has been utilized to provide a structure for identifying important components of this complex topic, to provide a vehicle for identifying related issues, concerns, and their principles, and to develop guidelines and recommendations.

Basic Assumptions

- Students with communicable diseases are entitled to a free appropriate public education
- Health issues of all students confirmed or suspected as having communicable diseases and/or conditions are the primary responsibility of the medical community
- Educational program plans for students with confirmed communicable diseases are influenced by medical decision(s) concerning contagion and transmission
- All students and staff (education/health) should be educated about communicable diseases, appropriate hygienic measures to prevent the spread of communicable diseases. When possible those students who are known carriers of a communicable disease should be educated about the additional control measures for minimizing transmission of the specific disease.

Analysis of Components Associated with Communicable/Contagious Diseases (see appendix A).

Recommendations

1. If national guidelines are generated, they should be focused toward state/local decision makers. Imbedded within them should be a range of options and/or alternatives that will support flexibility and enhance relevance to unique needs of state and local medical/health/education agencies.

2. Since relevant information is emerging at a rapid rate, there needs to be active and visible support for continued research and update of information from a substantiated knowledge base.

3. There must be multiple mechanisms for collaborative efforts of health/education to disseminate knowledge. This will facilitate communication, staff/student training and community awareness.

4. There is a need to establish and continue efforts to develop policies and procedures for collaboration between the medical and education communities.

5. There is a need to assign a group of professionals to the task of identifying medical, education, legal process and procedure models and resource developed for management of communicable diseases.

6. Before recommendation for additional legislation is made, there needs to be a comprehensive review of existing state health and education mandates.

7. The issue of management of students and staff confirmed as having communicable diseases is of such importance that further development of position statements, and continued communication of relevant information is needed. This should be accomplished through assignment of sub-committees with membership from the various divisions of CEC. These sub-committees should address specific issues (e.g. development of information packets, identification and dissemination of legal decisions related to the issue, interagency procedural models, etc.

8. Students need to be informed about communicable diseases, modes of transmission and precautions that need to be taken. Model curricula and/or instructional units need to be designed and made available to members of CEC.

9. Professional training efforts are needed, both preservice and inservice, to inform special educators about health, education, and legal issues involved in educating handicapped students who have communicable diseases.

10. The Council for Exceptional Children should adopt a statement of policy regarding the management of exceptional children who have communicable diseases. (see attached "proposed statement").

Unresolved issues that need to be addressed

1. Legal issues
   - due process procedures: Resolution of disputes
   - confidentiality (e.g. When do the confidentiality rights of an individual infringe on the rights of others
   - screening of school students/staff to determine presence or absence of communicable diseases.

2. Financial issues
   - Costs of implementing guidelines issued by state health/education agencies and implementation by local agencies
   - Physical plant modifications required to implement guidelines.

3. Support systems for students, staff, and their families.

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Appendix A

"Analysis of Components Associated with Communicable/Contagious Diseases"

"Analysis of Components Associated with Communicable/Contagious Diseases"

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
1. Medical/ Education Agency Collaboration	.Existence of policy, role/ responsibility, and /or procedural statements ..Medical/health agencies ..Education agencies.	Principles related to Medicine The primary role and responsibility to maintain public health require medical personnel to identify, confirm and treat children and youth and professional staff who have communicable diseases.	Guidelines should address .Spectrum of communicable/ contagious diseases .Role/responsibility for identification, diagnosis, treatment.	Guidelines should correspond with medical descriptions. Guidelines should define role/ responsibility of administration/ instructional staff as it relates to identification.	. Clearly defined Medical/Health Policy developed at state level. . Clearly define implementing procedures at the local level.	
		Medicine has primary responsibility to advising educators of the degree of contagion of those confirmed as having communicable diseases.	Guidelines should address procedures for reporting to school system(s).	Guidelines should provide procedures to deal with reports received from health agencies.		
		Medical personnel should determine if and when students and staff with communicable diseases can attend education programs without endangering the health of other students.	Guidelines should include procedures for reporting status and conditions for return.	Guidelines should provide procedures for admission/ continuing or readmission.		

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
		Principles related to Education Education has the right and responsibility to provide educational alternative for students confirmed as having communicable diseases.		State Education Agency and each school system should develop and disseminate clearly articulated procedures pertaining to providing educational programs to student populations with communicable diseases. These policies and procedures should be updated periodically to be in keeping with current medical information and recommendations.	SEA & LEA administrative Policy statements translating medical advice into procedures at both administrative levels.	Formalize collaborative agreements Description of role responsibiliy which is compatible with each/both agency operations
	Compatibility of state and local health and state/local education agency policy(s) procedures.	Protection of staff, students, and community requires a collaborative approach to identification and medical/education management and service provision to students and staff with communicable/contagious diseases.	Guidelines should include procedures for enhancing collaborative effort.	Guidelines should provide for collective decision making and facilitate health regulations in education setting.	Health and education agencies should cooperatively develop and disseminate policies and procedures for the identification, admission, and monitoring of students entering and or enrolled in educational programs in public and private schools.	

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
	. Presence of approved existing policy pertaining to students/ educational staff with communicable diseases (separate/ cooperative.		Guidelines should reflect processes that facilitate existing policy yet give consideration to the feasibility as implementation in another environment which may also have existing policy.	Guidelines should provide appropriate mechanisms for implementing legal health maintenance requirements yet facilitate accepted educational practices.	Appropriate policy revisions.	Joint policy committee should be formed and composed of educators, doctors, attorneys and community representatives to identify incompatible statements and negotiate appropriate revisions. . Mechanisms for change.
	. Impact of one agency's decision/ recommendation upon the others.	Information, decisions and recommendations should be jointly developed.	Guidelines should cover "grey areas" where joint decisions will need to occur. Guidelines should indicate areas that are clearly medical responsibilities.	Guidelines should address particular situations or situations where joint responsibility occur. Educational agency has the right and responsibility to determine the feasibility of implementing guidelines established by health personnel.	Policy regarding negotiation . Administration .. Policy .. Negotiated contracts .. Program Option options .. Cooperative agreements . Instruction .. Admission .. Placement .. Monitoring . Communication .. Interagency .. School/ professional .. Community at large.	Create cross agency decision making team (e.g. "Local Coordinating Councils").

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
Admission/ Attendance	Conditions under which pre school/ school age students with communicable diseases are admitted/continued in school	. Admission/attendance decisions should be made on an individual basis to assure the protection of all (students/staff) Recommendations should provide for educational opportunity.	Guidelines should cover exclusion/ admission criteria that are disease related for: a. Communicable Diseases ..ring worm ..pediculosis ..impetigo b. Contagious Diseases ..measels ..rubella ..meningitis ..hepititus ..mumps ..scarlet fever ..whopping cough ..rocky mountain spotted fever ..AIDS	Guidelines should provide for procedures which describe and implement medical decisions. Guidelines should clearly define role and responsibilities of administration and instructional staff.	Compatible policy statements endorsed by both the health and education agencies.	Review of current policy to confirm presence of implementing procedures. Examination of current policy to identify areas of compatibility/ incompatability.
			Guidelines should be provided that reflect current requirements for innoculations prior to school admission.	Guidelines should address procedures for receipt and registration of required documentation prior to admission.		
			Guidelines should differentiate exclusion/admission for students with infection and student with confirmed diseases.	Guidelines should provide procedures for confirming that conditions required by medical/health community are monitored and inforced.		Establishment of procedures for continuing review as new information is received.

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
			Guidelines should contain statements concerning management/ monitoring of persons identified as "carriers".	Guidelines should provide mechanisms for support of monitoring system agreed upon.		
			Guidelines should contain statements about management of individuals with intermittant and/or continuing disease conditions.	Guidelines should provide implementing procedures.		

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
3. Classification/ Placement for Instructional purposes.	Degree to which condition influence placements.	Medical community determines the medical condition, contagion status, and the impact of the medical condition on daily function. Education translates the information provided by the medical community into the effects of the medical problem on learning; determines the individuals ability to function in a traditional setting and provides for alternative programs and or required support systems.	Guidelines should provide for procedures to expeditiously communicate decisions.	Guidelines should provide a mechanism for drtermining impact on learning. Guidelines should include provisions for multidisciplinary team to determine appropriate placement/and educational management. Guidelines should describe alternative placements.	Policy statements should endorse multidisciplinary team (medicine, education, parent) decision making. Policy should describe classification system. Policy should clearly state conditions associated with alternative placement.	Specification of members included in multidisciplinary teams. Distribution of policy statements among agencies, parents and students.
	. General education students reclassified as Special Education.	Children with communicable diseases should not necessarily be considered educationally handicapped and in need of Special Education.				

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
4. Students Rights	. Free Appropriate Education	Affected individual should be provided the educational environment that ensures appropriate cognitive, social, and emotional development. Rational decision making by all concerned in the best interests of all children being served should be facilitated.	Guidelines should provide process for analysis of risk/benefit for affected individual and others. Guidelines should address personal hygiene requirements which permit individual to be maintained in an appropriate environment.	Guidelines should emphasize that the decision regarding type of education and/or care setting for affected children should be based on behavior, neurologic development and physical condition of the child and the expected type of interaction with others in that setting. Guidelines for implementing rights should be developed.	Policy: Reaffirming decision which protects the rights of all.	
	. Confidentiality	Rights of privacy for each affected individual need to be provided consistent with any special precautions needed to protect both the individual and those with whom he/she comes in contact. All students should be informed about communicable/contagious diseases and precautions that need to be taken.	Guidelines should specify information which is critical to education decision making.	Guidelines should specify by title those individuals who will have access to sensitive information and procedures which maintain the confidentiality of records. Guidelines should address production/ publication/ distribution.	Policy implementing rights should be developed by students, health education professional staff, parents and legal officers.	

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
5. Professional Rights/ Protections	.Staff diagnosed as having communicable or contagious diseases.	Every school district, college/ university and care facility should establish guidelines for managing issues and concerns presented by employees who have or could transmitt communicable/ contagious diseases.	Guidelines should be developed and published which address medical circumstances which mandate review and decision. Guidelines should indicate appropriate health agency representatives who will participate in the decision process.	Guidelines for management of educational personnel should be developed by appropriate school and health personnel. Disputes as to application, meaning interpretation should be subject to the adapted grievance procedures of the district.	Policy statement should be developed by representatives from health/ education agencies and appropriate employee organizations.	
	.Students with disease or asymptomatic carriers.	Permission for the student to attend class should be determined on a case by case basis by a team of appropriate individuals.	Guidelines should specify conditions under which permission to attend is determined. Guidelines should specify conditions for medical evaluation, if appropriate. Guidelines should specify hygienic precautions/ innoculations required to protect teacher during teacher/ child interaction.	Guidelines should specify admission/ exclusion criteria for students. Guidelines should support composition of decision making team. Guidelines should address the appropriate procedures to be employed when close student teacher interaction or personal service to the child is required.		

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
	Staff Assignment		Guidelines should identify certain students for whom risk factors would require assignment considerations.	Guidelines should address the following topics: . Assignment of women of child bearing age. . Reassignment upon request. Guidelines should define any risk which would make liability and/or a need for insurance advisable.		Educators should provide clear job role information on staff members exposed to a communicable disease so that health personnel can make specific judgments about risks involved.
6. Continuous Management of Services and Students.	Awareness of education personnel about the unique requirements associated with the management of students with chronic communicable disease conditions. .Fiscal responsibilities	Children with chronic communicable diseases present unique management issues (medical/ educational) which will require multidisciplinary responsibility.	Guidelines should include the role/ responsibility of medical personnel as pertains to ..Special medications ..Treatments ..Protections ..Monitoring ..Screening	Guidelines should include the role/ responsibility of education personnel as it pertains to implementing procedures relating to: ..Medications, treatments ..Protections ..Monitoring ..Screening	Cooperatively developed facilitating policy statements endorsed by both agencies but reflecting unique responsibilities.	

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
7. Communication within and among agencies.	. Support Systems	Effective systems are essential to effective communication.	Cooperative development of systems for communication which provide the various publics (students, professionals and community residents) with appropriate information.		Identify Support Systems	
	. Multiple View points concerning admission, management ..Medical viewpoint ..Education viewpoint ..Parent viewpoint ..Legal viewpoint		. Provision of processes for providing vehicles for exchange of information pertaining to issues problems and concerns.			
8. Training	. Responsibility for training various populations as to current knowledge related to communicable diseases.	An informed and knowledgeable professional staff, student body and community can be responsive to the unique issues related to the needs of children with communicable diseases.	Guidelines for training should include relevant information related to symptoms, transmission and appropriate precautions from medical standpoint.	Guidelines should contain relevant information about inservice/training requirements for various publics. School administrators and instructional staff should be provided inservice opportunities to gain knowledge about communicable diseases and each school system's policies and procedures pertaining to them.		Development of a comprehensive inservice training program. Training programs should also be made aware of training needs.

TOPICS	ISSUES/CONCERNS	PRINCIPLES	GUIDELINES HEALTH	GUIDELINES EDUCATION	POLICY NEEDS	ACTION STEPS
			. Cooperative development and provision of training programs for educators to provide knowledge about communicable diseases.	Students should be provided training to gain knowledge about communicable/ contagious diseases.		Development of units within curriculum.

Appendix B

References

Appendix B

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   . Possible format for report.

4. Anderson, Richard D., Blackman, James H., Healey, Alfred. Herpes Simplex Virus Infections: Information and a Suggested Approach for Educational Personnel, 1984.
   . Question and Answer - Position/information paper
     Description, Prevalence, at Risk Transmission
   . Correspondance State of Iowa. Department of Public Instruction.

5. Control of Hepatitis B, Herpes Simplex and Cytomegalovirus in the Schools April, 1985, State of Maryland: Department of Health and Mental Hygiene Memorandum.
   . Draft policies/guidelines for Management of Children in day/care school settings who have certain communicable diseases.
     .. Policy regarding Hepatitis B carriers in the school system
     .. Precautions for Minimizing Hepatitis B Transmission
     .. Precautions to Minimize the Transmission of Herpes Simplex Viral Infections in the School System.

6. Acquired Immune Deficiency Syndrome/HTLV-III Infection: Recommendations for Management of Children in the School Setting. State of Maryland Department of Health and Mental Hygiene, Preventive Medicine Administration, 1985 (draft)
   . Risk of transmission
   . Risks associated with infected child
   . Right to privacy
   . Informing personnel
   . Management of employees with HTLV-III Infection.

7. Education and Foster Care of Children Infected with Human T - Lymphotropic Virus Type III/Lymphadenopathy. Associated Virus MMWR - Morbidity and Mortality Weekly Report - U.S. Department of Health and Human Services, 18 (34) pp. 518 - 521.
   . Information/recommendations developed by CDC in consultation with State and Territorial Epidemiologists, Association of State/Territorial Health Officers, Division: Maternal/Child Health National Association of Elementary School Principals, National Association of State School Nurse Consultants, National Congress of Parents/Teachers, Children's Aid Society, parent Legal Advisor to SEA.

. Recommendations apply to children with Aids, children who are diagnosed by physicians as having illness due to infection with HTLV-III/LAV but who do not meet case definition; children who are asymptomatic but do not apply to siblings of infected children.

.. Scope of problem
.. Legal issues
.. Confidentiality issues
.. Assessment risks
.. Risk factors
.. Risk of transmission in schools Day-Care or Foster Care setting
.. Risks to the child with HTLV-III/LAV Infection.

8. Recommendations for Preventing Possible Transmission of Human T-Lymphotropic Virus Type III/Lymphadenopathy - Associated Virus from Tears. MMWR, 34 (34) pp. 533-534.
   . Precautions suitable to prevent the spread of HTLV-III/LAV and other microbial pathogens that might be present in tears.

9. Goodman, Richard A., Osterbalm, Michael T., Granoff, Dan M., Pickering, Larry K. Infectious Diseases and Child Day Care. Pediatrics - 74 (1) 1984, pp. 134-138.
   . Review is made of pathogens that have been associated with infections in day care settings, patterns of occurrence of infectious diseases in day care facilities; aspects of control and prevention of these diseases and controversies related to infectious diseases in day care facilities.

10. Pass, Robert F., Hutto, S. Cecelia, Reynolds, David W., Pohell, Rutherford B. Increased Frequency of Cytomegalovirus Infection in Children in Group Day Care. Pediatrics 74 (1) 1984 pp. 121-126.
   . Comparison study: the prevalence of CMV in 103 children attending a single day care center compared with 62 children kept at home.
   . Group day care appears likely to result in early acquisition of CMV
   . Excretion of CMV by children in day care centers could result in transmission of the virus to susceptible day care workers or mothers with potential risk of fetal infection.

11. Dworsky, Meyer E, Welch, Kathryn, Cassady, George and Stagno, Sergio. Occupational Risk for Primary Cytomegalovirus Infection Among Pediatric Health Care Workers. New England Journal of Medicine. 1983, 309 (16) pp. 950 -953.
   . Cross sectional seroepidemiologic survey compared prevalence of CMV antibody in seven populations (registered/practical nurses in newborn nurseries; medical students, pediatric interns/residents, pediatricians)
   . Higher than expected rate of primary infection in an open population of mothers suggests that familial exposure to young infants may be MOST important factor in horizontal transmission.

12. Rothstein, Laura. Issue of the Rights of Students with Chronic Diseases (paper - Student - University of West Virginia Law School.)
   . Rights of child with infectious diseases that are chronic vs temporary
   . Rights of non-infected vs infected
   . Risk must be domonstrated.

13. Community High School District 155 and Board of Control of Special Education District of McHenry County vs Ingrid Denz." Appellate Court of Illinois (Second District) North Eastern Reporter; 2nd Series pp. 998-1005.
. School district and special education district appealed decision of State Superintendent of Education-Affirming order of independent hearing officer mainstreaming a mentally handicapped child with Down's Syndrome who was also a carrier of infectious hepatitis.
.. Possible issues that relate to question
.. Mainstreaming (?) appropriate educational placement risk of transmittal
.. Due process rights of school system
.. Degree of contagen
.. Maximizing the potential of handicapped vs specialized education instruction supported by such services as are necessary to permit child to benefit (Rowley)
.. Requirements of EAHCA vs Methodology.

14. Weber, Linda. Facts About Hepatitis B. ARC Facts. February, 1985.
. Facts about Hepatitis B presented in a question/answer format.

Newspaper Articles

1. AID in Schools - Washington Post, Sunday, September 22, 1985, Presents various views (e.g. Principal in public school system, parent, School Board member; Clinic that serves Gays.

2. USA Today. Tots with Herpes Shunned at School, January 8, 1985.

Proposed Amendment to the Policies of the Council for Exceptional Children

Amendment to the Policies of The Council for Exceptional Children

(Adopted by the CEC Delegate Assembly, April, 1986)

Amend Part (8) 300 by adding a new Section (3) 316

Managing Communicable and Contagious Diseases

Controlling the spread of communicable and contagious diseases within the schools has always been a problem faced by educators, the medical profession, and the public. Effective policies and procedures for managing such diseases in the schools have historically been developed by health agencies and implemented by the schools. These policies and procedures were primarily designed to manage acute, temporary conditions rather than chronic conditions which require continuous monitoring and remove children from interaction with other children while the condition is contagious or communicable.

The increased prevalance of chronic communicable diseases such as hepatitis B, cytomegalovirus, herpes simplex virus, and acquired immune deficiency syndrome have raised public and professional concern, necessitating the reassessment of existing school policies and procedures. The Council for Exceptional Children believes that having a communicable/contagious disease does not in itself result in a need for special education. Further, the Council for Exceptional Children believes that in developing appropriate policies for managing communicable diseases schools and public health agencies should assure that any such policies and procedures:

1. Do not exclude the affected child from the receipt of an appropriate education even when circumstances require the temporary removal of the child from contact with other children.

2. Provide that determination of a non-temporary, alteration of a child's educational placement should be done on an individual basis, utilizing an interdisciplinary/interagency approach including the child's physician, public health personnel, the child's parents and appropriate educational personnel.

3. Provide that decisions involving exceptional children non-temporary alternatives of educational placements or services constitute a change in the child's Individual Educational Program and should thus follow the procedures and protections required.

4. Recognize that children vary in the degree and manner in which they come into contact with other children and school staff.

5. Provide education staff with the necessary information, training, and hygienic resources to provide for a safe environment for students and educational staff.

6. Provide students with appropriate education about communicable diseases and hygienic measures to prevent the spread of such diseases.

7. Provide, where appropriate, carrier children with education about the additional control measures that they can practice to prevent the transmission of the disease.

8. Enable educational personnel who are medically at high risk in regard to certain diseases to work in environments which minimize such risk.

9. Provide educational personnel with adequate protections for such personnel and their families if they are exposed to such diseases through their employment.

The Council for Exceptional Children believes that special education personnel preparation programs should:

1. Educate students about communicable and contagious diseases and appropriate methods for their management.

2. Counsel students as to how to determine their level of medical risk in relation to certain diseases and the implications of such risk to career choice.

The Council for Exceptional Children believes that the manner in which policies for managing communicable and contagious diseases are developed and disseminated is critically important to their effective implementation. Therefore the following must be considered integral to any such process:

1. That they be developed through the collaborative efforts of health and education agencies at both the state, provincial and local levels, reflecting federal, state, provincial, and local educational, health, and legal requirements.

2. That provision is made for frequent review and revision to reflect the ever increasing knowledge being produced through research, case data reports and experience.

3. That policies developed be based on reliable identified sources of information and principles endorsed by the medical and educational professions.

4. That such policies be written in content and format to be understandable to a variety of consumers including students, professionals and the public.

5. Policy development and dissemination should be a continual process and disassociated from pressures associated with precipitating events.